

N311 Care Plan #

Lakeview College of Nursing

Kelsey Bierman

**Demographics (5 points)**

<b>Date of Admission</b> 07/02/2020	<b>Client Initials</b> BB	<b>Age</b> 81	<b>Gender</b> Female
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> GE	<b>Marital Status</b> Widowed	<b>Allergies</b> Doxycycline (Throat Swelling), Heparin (Unknown), Metformin (Diarrhea), Penicillin (Anaphylaxis), sulfones (Unknown), and green beans (nasal congestion)
<b>Code Status</b> DNR	<b>Height</b> 152.4 cm	<b>Weight</b> 84.8 kg	

**Medical History (5 Points)**

**Past Medical History:** Covid 19, Chronic Obstructive Pulmonary Disease, Dysphagia, Weakness, Type 2 Diabetes Mellitus, Hyperlipidemia, Major Depressive Disorder, Anxiety Disorder, Obstructive Sleep apnea, Chronic pain syndrome, Primary Hypertension, Sick Sinus Syndrome, Peripheral Vascular Disease, Gastro-esophageal reflux disease, Paresthesia of skin, and the presence of a permanent pacemaker. Aortic ectasia at junction of aortoiliac graft 4.1 cm, Fall risk, Former smoker, Hypercholesterolemia, Incontinence, Lumbar radiculopathy, Myofascial pain, Overactive bladder, Peripheral artery disease, Recurrent UTI, and Shoulder pain

**Past Surgical History:** Esophagogastroduodenoscopy (10/14/2019), Esophagogastroduodenoscopy Foreign Body Removal (10/14/2019), Lumbar Facet Joint Denervation using Radiofrequency with Fluoroscopy (Left) (09/05/2019), Trigger Point Injections (1-2 Muscle Groups) (09/05/2019), Thoracic Vertebral Augmentation Kyphoplasty with Fluoroscopy (07/09/2019), Esophagogastroduodenoscopy Balloon Dilation (06/05/2019), and Shoulder Joint Injection with Fluoroscopy (Right) (10/31/2018)

**Family History:** Father: Tuberculosis.

Mother: Depression, Diabetes mellitus, Hearing problem, and vision disorder.

Sister: Diabetes mellitus and hypertension.

Sister: Hypertension.

Sister: Esophageal adenocarcinoma.

**Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):** The patient denies past use of alcohol and recreational drugs. Patient stated she was a former tobacco smoker (1 pack a day) and quit more than 30 years ago.

### **Admission Assessment**

**Chief Complaint (2 points):** Chest pain and general weakness

**History of Present Illness – OLD CARTS (10 points):** The 81-year-old Caucasian female presented to the nursing home on 07/02/2020 with chest pain, generalized weakness, and inability to care for herself independently at home. The patient states, “I have left-sided weakness radiating to my left foot for the past few days.” The patient mentions that her leg pain is sharp and aching, and

these symptoms frequently occur throughout the day. The patient states walking and standing up aggravates her pain, and laying down and utilizing her wheelchair relieves her pain. The patient states Advil helps relieve her pain.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points): Peripheral Vascular Disease**

**Secondary Diagnosis (if applicable): Primary Hypertension**

**Pathophysiology of the Disease, APA format (20 points):** The formation of atherosclerosis primarily drives peripheral vascular disease. (Gul & Janzer, 2020). PVD affects the lower extremities vascular beds. (Gul & Janzer, 2020). Atherosclerosis starts with the accumulation of lipoprotein within the arteries, which leads to lipid oxidation and cytokine response which recruits macrophages and lymphocytes. (Gul & Janzer, 2020). The macrophages consume the oxidized lipids and form foam cells, leading to fatty streaks. (Gul & Janzer, 2020). These fatty streaks can then develop into plaque which consists of necrotic lipid cores and smooth muscle cells. (Gul & Janzer, 2020). Atherosclerotic plaque builds up in the vessel wall over decades. This accumulation of plaque results in venous stenosis and frequent vascular dilation. (Gul & Janzer, 2020). More plaque can accumulate when the vessel dilates, further constricting the already narrowing vessel obstructing the artery. (Gul & Janzer, 2020). Collateral circulatory beds form to preserve distal perfusion and tissue viability. (Gul & Janzer, 2020). Eventually, these pathways fail, and the blood flow distal to the occlusion is compromised, which causes intermittent claudication. (Gul & Janzer, 2020). Resulting in fixed oxygen delivery that is unable to meet oxygen demand. (Gul & Janzer, 2020). Signs and symptoms of PVD include changes in the skin, weak pulses in the legs and feet, gangrene,

hair loss on legs, impotence, wounds that will not heal over pressure points, numbness, weakness, or heaviness in muscles, pain at rest, paleness when the legs are elevated, reddish-blue discoloration of the extremities, and restricted mobility. (Johns Hopkins Medicine, 2019). My client exhibited wounds that will not heal over pressure points, heaviness in muscles, reddish-blue discoloration of the extremities, and restricted mobility. For PVD, the diagnostic testing would include a complete medical history and a physical examination. Other diagnostic tests include angiogram, ankle-brachial index, Doppler ultrasound flow studies, magnetic resonance angiogram, treadmill exercise test, photoplethysmography, pulse volume recording waveform analysis, and reactive hyperemia test. (Johns Hopkins Medicine, 2019). Labs that would evaluate the presence of PVD would be a complete blood cell count (CBC), blood urea nitrogen (BUN), creatinine, and electrolyte studies can be ordered to determine end-organ injury and for factors that may lead to worse peripheral perfusion. (Stephens, 2017). My client received echocardiography complete with contrast, showing mild left ventricular hypertrophy, mild mitral valve thickening and calcification, mild annular calcification, and mild tricuspid valve regurgitation. Treatments include lifestyle changes, medications to improve blood flow, vascular surgery, and angiograms. (Johns Hopkins Medicine, 2019). Treatments that my patient has used is medications to improve blood flow. My patient is on ELIQUIS which is a blood thinner.

**Pathophysiology References (2) (APA):**

Gul, F., & Janzer, S. F. (2020). *Peripheral Vascular Disease*. PubMed; StatPearls Publishing.

<https://www.ncbi.nlm.nih.gov/books/NBK557482/>

Johns Hopkins Medicine. (2019). *Peripheral Vascular Disease*. John Hopkins Medicine.

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/peripheral-vascular-disease>

Stephens, E. (2017, December 31). *Peripheral Vascular Disease Workup: Laboratory Studies, Imaging Studies, Other Tests*.

Emedicine.medscape.com. <https://emedicine.medscape.com/article/761556-workup>

**Laboratory Data (20 points)**

**\*If laboratory data is unavailable, values will be assigned by the clinical instructor\***

**CBC Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC				
Hgb				
Hct				
Platelets				
WBC				
Neutrophils				

<b>Lymphocytes</b>				
<b>Monocytes</b>				
<b>Eosinophils</b>				
<b>Bands</b>				

Chemistry **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

<b>Lab</b>	<b>Normal Range</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
<b>Na-</b>				
<b>K+</b>				
<b>Cl-</b>				
<b>CO2</b>				
<b>Glucose</b>				
<b>BUN</b>				
<b>Creatinine</b>				
<b>Albumin</b>				
<b>Calcium</b>				

<b>Mag</b>				
<b>Phosphate</b>				
<b>Bilirubin</b>				
<b>Alk Phos</b>				

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>Color &amp; Clarity</b>				
<b>pH</b>				
<b>Specific Gravity</b>				
<b>Glucose</b>				
<b>Protein</b>				
<b>Ketones</b>				
<b>WBC</b>				
<b>RBC</b>				
<b>Leukoesterase</b>				

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (1) (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Diagnostic Imaging Reference (1) (APA):

**Current Medications (10 points, 2 points per completed med)  
\*5 different medications must be completed\***

**Medications (5 required)**

<b>Brand/Generic</b>					
<b>Dose</b>					
<b>Frequency</b>					
<b>Route</b>					

<b>Classification</b>					
<b>Mechanism of Action</b>					
<b>Reason Client Taking</b>					
<b>Contraindications (2)</b>					
<b>Side Effects/Adverse Reactions (2)</b>					

**Medications Reference (1) (APA):**

**Assessment**

Physical Exam (18 points) – **HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS**

<p><b>GENERAL:</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	
<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds:</b>  <b>Braden Score:</b>  <b>Drains present: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Type:</b></p>	
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Edema Y <input type="checkbox"/> N <input type="checkbox"/></b></p>	

<p><b>Location of Edema:</b></p>	
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>.</p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>          <b>Distention:</b>          <b>Incisions:</b>          <b>Scars:</b>          <b>Drains:</b>          <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input type="checkbox"/>          <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input type="checkbox"/>          <b>Type:</b></p>	<p>.</p>
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Inspection of genitals:</b></p>	

<p><b>Catheter:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Type:</b>  <b>Size:</b></p>	
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Fall Risk:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	

**Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1140	78 beats per minute	118/80 mmHg	18 breaths per minute	36.2 degrees Celsius (Temporal)	97% on room air

**Pain Assessment, 1 set (5 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
0947	Numeric Pain Scale	Left side of body	0 out of 10	Radiating pain, Sharp, and aching	Wheelchair, laying down, and Advil

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)

**Nursing Diagnosis (15 points)**  
**\*Must be NANDA approved nursing diagnosis\***

<p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>• Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>	<p><b>Rationale</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>Interventions (2 per dx)</b></p>	<p><b>Outcome Goal (1 per dx)</b></p>	<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• How did the client/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p><b>1. Fluid Volume Excess is related to poor tissue perfusion as evidenced by bilateral leg edema. (Wayne, 2016)</b></p>	<p><b>This nursing diagnosis was chosen because the client had swelling in both extremities.</b></p>	<p><b>1.Elevate the client's lower extremities to increase venous return to the heart. (Wayne, 2016).</b></p> <p><b>2..Monitor clients vital signs and evaluate pulses and administer medication, as ordered. (Wayne, 2016).</b></p>	<p><b>1. The client will have increased venous return to the heart and the edema will decrease.</b></p>	<p><b>Goal:This nursing diagnosis goal would be to have stable vital signs and the medication is effective if the circumference of the leg has decreased.</b></p> <p><b>Goal met: The patient’s medication is effective because the client’s vital signs were within normal ranges.</b></p>
<p><b>2. Impaired Physical Mobility related to limited range</b></p>	<p><b>This nursing diagnosis was chosen because the client was</b></p>	<p><b>1. Passive or active range of motion exercises, as ordered. (Wayne,</b></p>	<p><b>1. Passive and active range of motion will strengthen her lower extremities and help</b></p>	<p><b>Goal: The nursing diagnosis goal would be to have the client demonstrate measures to</b></p>

“I have no pain today I feel pretty good.”  
 “I suffered from a stroke a few years ago and experience left sided weakness.”  
 “I am not able to walk.”  
 “I cannot put any weight on my left leg because I have a sore on my left heel”

Fluid Volume Excess related to poor tissue perfusion as evidence by bilateral leg edema  
 Goal: The client will have increased venous return to the heart and the edema will decrease.  
 Impaired Physical Mobility related to limited range of motion as evidence by pressure ulcer on left foot  
 Goal: The client will demonstrate measures to increase mobility.

Vital Signs: 0947 Pulse: 78 beats/min  
 Blood Pressure: 118/80 mm Hg  
 Respiratory Rate: 18 Breaths/min  
 Temperature: 97.1<sup>oF</sup> (TM)  
 Diagnostic Tests: Echocardiography with contrast

**Subjective Data**

The client was a 81-year-old Caucasian female client.  
 Past Medical History: Peripheral Vascular Disease and Primary Hypertension  
 Esophagogastroduodenoscopy (10/14/2019), Thoracic Vertebral Augmentation Kyphoplasty with Fluoroscopy (07/09/2019), and Lumbar Facet Joint Denervation using Radiofrequency with

Nursing Diagnosis 1:  
 Elevate the client lower extremities to increase venous return to the heart. (Wayne, 2016)  
 Monitor clients’ vital signs and evaluate pulses and administer medication, as ordered. (Wayne, 2016)  
 Nursing Diagnosis 2:  
 Perform passive or active range of motion exercises as order. (Wayne, 2019)  
 Give positive reinforcement during activity. Patients may be unwilling to move or initiate new activity because of fear of falling. (Wayne, 2019)

**Nursing Diagnosis/Outcomes**





